PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD P6-US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER EXTRA NUMBER FILED **RATE FEE RATE** FEE **BASIC FEE** 690 OR (37 CFR 1.16(a)) TOTAL CLAIMS 54 74 <sub>x \$</sub> 18 minus 20 = OR \$972 INDEPENDENT CLAIMS 5 78 \$390 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = \$2,052 **TOTAL TOTAL** OR \* If the difference in column 1 is less then zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-⋖ REMAINING PRESENT NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **NUMBER** PRESENT **RATE** TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR Total \*\* Minus = OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT, FEE \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hours trained: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  09 649,569												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL TYPE	L ENTITY	OR	OTHER SMALL	
FC	OR		NUMBE	R FILED		NUMBER EXTRA		RATE		7	RATE	FEE
BA	SIC FEE			31.15	- 10 - 11	A			345.00	OR		690.00
TC	TAL CLAIMS		74	minus	20=	. 54		X\$ 9=		OR	X\$18=	G72
INE	EPENDENT CL	_AIMS	8	minus	3 =	: 5		X39=		1	X78=	390
MULTIPLE DEPENDENT CLAIM PRESENT									-	OR		0,0
* If the difference in column 1 is less than zero, enter "0" in column 2								+130=	<u> </u>	OR	+260=	700
CLAIMS AS AMENDED - PART II								TOTAL	· <u>L</u>	OR	TOTAL	2.052
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PF		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus •			=	X\$ 9≃		OR	X\$18=	
	Independent +			Minus **		_	= .	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		1	+260=	
								TOTA		OR	TOTAL	
		(Colu	umn 1)		(0	Column 2)	(Column 3)	ADDIT. FE	E	OR	ADDIT. FEE	
AMENDMENT B		REM. AF	AIMS AINING TER DMENT	S		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	-	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent			Minus ***			=	X39=		OR	X78≃	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+260=	
									L E	OR	TOTAL ADDIT. FEE	
			mn 1)			olumn 2)	(Column 3)					
AMENDMENT C	REM A		AIMS AINING TER DMENT	, o	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	X39=	†		X78=	
l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1.	OR		
• 11	the entry in colum	+130=		OR	+260=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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**Application or Docket Number**